

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

FORM C/OH

COVER SHEET PG 1

2003 APR 24 AM 9:46

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

TITLE FIRST MI  
THOMAS C  
NICKNAME LAST SUFFIX  
LOPEZ

## OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
305 S NUECES  
SAN ANTONIO TEXAS 78207  
(210) 271-0519

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN  
TREASURER  
NAME

TITLE FIRST MI  
JILL  
NICKNAME LAST SUFFIX  
SANCHEZ

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
5106 SENISA SPRINGS  
SAN ANTONIO TEXAS 78251

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(210) 364-7376

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)  
☐ July 15 ☒ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD  
COVERED

Month Day Year  
4 / 4 / 2003 THROUGH Month Day Year  
4 / 23 / 2003

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
5 / 3 / 2003 ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

SAISD TRUSTEE DIST 5

12 OFFICE SOUGHT (if known)

SAN ANTONIO CITY COUNCIL DIST 5

13 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT

## SUPPORT & TOTALS

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

FORM C/OH  
COVER SHEET PG 2

2003 APR 24 AM 9:46

14 C/OH NAME

Thomas C. Lopez

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 540.<sup>00</sup>

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4600.<sup>00</sup>

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 2400.<sup>00</sup>

4. TOTAL POLITICAL EXPENDITURES

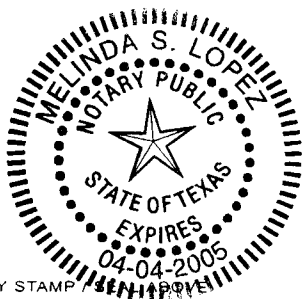
\$ 6486.<sup>61</sup>

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



AFFIX NOTARY STAMP HERE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Thomas C. Lopez*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Thomas C. Lopez, this the 24th day of April, 2003, to certify which, witness my hand and seal of office.

*Melinda S. Lopez*

Signature of officer administering oath

Melinda S. Lopez

Printed name of officer administering oath

Notary

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

2003 APR 24 AM 9:46

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1.

173

2 FILER NAME

THOMAS C LOPEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

10 APR 03

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

ROLANDO RIOS

7 Amount of  
contribution (\$)

200-

8 In-kind contribution  
description (if applicable)

6 Contributor address; City; State; Zip Code

115 E TRAVIS  
SAN ANTONIO TEXAS 78205

9 Principal occupation (Optional)

10 Employer (Optional)

Date

10 APR 03

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

ERNEST BROMLEY

Amount of  
contribution (\$)

250-

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

104 E ELAMERE  
SAN ANTONIO TEXAS 78212

Principal occupation (Optional)

Employer (Optional)

Date

10 APR 03

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

JAMES L ALLEN

Amount of  
contribution (\$)

500-

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

1242 ANTON VALLEY  
SA TEXAS 78232

Principal occupation (Optional)

Employer (Optional)

Date

14 APR 03

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

SAN ANTONIO FIREFIGHTERS PAC

Amount of  
contribution (\$)

1000-

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

8925 WEST 14 10  
SAN ANTONIO TEXAS 78230

Principal occupation (Optional)

Employer (Optional)

Date

14 APR 03

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

SAN ANTONIO POLICE OFFICERS ASEN PAC

Amount of  
contribution (\$)

500-

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

1939 N.E. LOOP 410  
SAN ANTONIO TEXAS 78217

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

2003 APR 24 AM 9:46

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1 2 of 3	
2 FILER NAME THOMAS C LOPEZ		3 ACCOUNT # (Ethics Commission filers)	
4 Date 14 APR 03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) SAN ANTONIO POLICE OFFICERS ASSN PAC	7 Amount of contribution (\$) 500-	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 1939 N.E. LOOP 440 SAN ANTONIO TEXAS 78217		
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 14 APR 03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) CHARLES D. MCNAUGHTON	Amount of contribution (\$) 100-	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2210 SCHLEY SAN ANTONIO TEXAS 78210		
Principal occupation (Optional)		Employer (Optional)	
Date 14 APR 03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JAMES L HOWARD	Amount of contribution (\$) 50-	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2230 E HOUSTON SAN ANTONIO TEXAS 78202		
Principal occupation (Optional)		Employer (Optional)	
Date 14 APR 03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DORA LEE RAMOS	Amount of contribution (\$) 50-	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 259 E THOMPSON SAN ANTONIO TEXAS 78225		
Principal occupation (Optional)		Employer (Optional)	
Date 14 APR 03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) MANUEL UILLA	Amount of contribution (\$) 250-	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 335 E. TERRA MATA SAN ANTONIO TX 78209		
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# **POLITICAL CONTRIBUTIONS OF SAN ANTONIO CITY CLERK** **OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A1**

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

2003 APR 24 AM 9:46

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1 <b>373</b>	
2 FILER NAME <b>THOMAS C. LOPEZ</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>14 APR 03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>CHARLES D. MUNOZ</b>	7 Amount of contribution (\$) <b>100-</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>222 INSPIRATION SAN ANTONIO TX 78228</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>14 APR 03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>IRENE P. PEREZ</b>	Amount of contribution (\$) <b>100-</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>10158 SANDYDALE SAN ANTONIO TEXAS 78240</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>14 APR 03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>ERNESTO GOMEZ</b>	Amount of contribution (\$) <b>500-</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>10119 PEMHAVEN SAN ANTONIO TEXAS 78240</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>22 APR 03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>REPUTY SHERIFFS ASSN BEXAR PAC</b>	Amount of contribution (\$) <b>250-</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>909 BROADWAY SAN ANTONIO TEXAS 78215</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>23 APR 03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>AM BARRIENTES</b>	Amount of contribution (\$) <b>250-</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3203 NOGALITOS SAN ANTONIO TEXAS 78225</b>			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## PLEDGED CONTRIBUTIONS

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

## SCHEDULE B1

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, &amp; SPAC)

2003 APR 24 AM 9:46

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1

2 FILER NAME

Thomas C Lopez

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:

\$

0

5 Date

6 Full name of pledgor

☐ out-of-state PAC (ID#:8 Amount of  
pledge (\$)9 In-kind description  
(if applicable)

7 Pledgor address; City; State; Zip Code

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# LOANS

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

## SCHEDULE E

2003 APR 24 AM 9:46

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E

2 FILER NAME

THOMAS C LOPEZ

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$ ~~0~~

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID# \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a financial institution?  
Y      N

8 Lender address;      City;      State;      Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

☐ none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

☐ not applicable

15 Guarantor address;      City;      State;      Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID# \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?  
Y      N

Lender address;      City;      State;      Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address;      City;      State;      Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

## POLITICAL EXPENDITURES

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR 24 AM 9:46

1 Total pages Schedule F

2 FILER NAME

THOMAS C LOPEZ

3 ACCOUNT # Ethics Commission

4 Date

10 APR  
03

5 Payee name

CRUMRINE PRINTING

6 Payee address, City, State, Zip Code

2030 E HOUSTON  
SAN ANTONIO TEXAS 782027 Amount  
(\$)

766.99

8 Purpose of payment (See instructions regarding type of information required.)

PRINTING EXPENSES

9 -- Complete if direct expenditure to benefit C.O.H. --  
Candidate / Officeholder name Office sought

Date

19 APR  
03

Payee name

SIGNS UNLIMITED / IDEAS UNLIMITED

Payee address, City, State, Zip Code

2516 BANDERA ROAD  
SAN ANTONIO TEXAS 78238Amount  
\$

938.56

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN SIGNS

-- Complete if direct expenditure to benefit C.O.H. --  
Candidate / Officeholder name Office sought

Date

16 APR  
03

Payee name

~~IDEAS UNLIMITED~~ PC MAILING

Payee address, City, State, Zip Code

~~2516 BANDERA ROAD~~ 10711 HILL POINT  
SAN ANTONIO TEXAS ~~78238~~ 78217Amount  
\$

848.58

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN ~~SIGNS~~ MAILOUT-- Complete if direct expenditure to benefit C.O.H. --  
Candidate / Officeholder name Office sought

Date

19 APR  
03

Payee name

POLITICO

Payee address, City, State, Zip Code

1100 BROADWAY, SUITE 300  
SAN ANTONIO TX 78215Amount  
\$

299.56

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN MAILING SERVICE

-- Complete if direct expenditure to benefit C.O.H. --  
Candidate / Officeholder name Office sought

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

CITY OF SAN ANTONIO  
CITY CLERK

## SCHEDULE G

2003 APR 24 AM 9:46

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G

2 FILER NAME

THOMAS C WELZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

4 APR 03

5 Payee name

POLITICO

6 Payee address; City; State; Zip Code

1100 BROADWAY SUITE 300  
SAN ANTONIO TX 78215

8 Amount (\$)

920<sup>00</sup>

7 Purpose of expenditure (See instructions regarding type of information required.)

MAIL OUT EXPENSES

☒ Reimbursement from political contributions intended

Date

10 APR 03

Payee name

ABSOLUTE SIGNS

Payee address; City; State; Zip Code

HUMPHREY DRIVE  
AUSTIN TEXAS 78729

Amount (\$)

600<sup>00</sup>

Purpose of expenditure (See instructions regarding type of information required.)

4x 8 CAMPAIGN SIGNS

☒ Reimbursement from political contributions intended

Date

10 APR 03

Payee name

IDEAS UNLIMITED

Payee address; City; State; Zip Code

2516 BANDERA ROAD  
SAN ANTONIO TEXAS 78238

Amount (\$)

1401.96

Purpose of expenditure (See instructions regarding type of information required.)

CAMPAIGN SIGNS

☒ Reimbursement from political contributions intended

Date

11 APR 03

Payee name

POLITICO

Payee address; City; State; Zip Code

1100 BROADWAY, SUITE 300  
SAN ANTONIO TX 78215

Amount (\$)

110<sup>96</sup>

Purpose of expenditure (See instructions regarding type of information required.)

CAMPAIGN PHONE OUT / CALLING SERVICE /  
MAIL SUPPLIES

☒ Reimbursement from political contributions intended

Date

17 APR 03

Payee name

ABSOLUTE SIGNS

Payee address; City; State; Zip Code

HUMPHREY DRIVE  
AUSTIN TEXAS 78729

Amount (\$)

600<sup>00</sup>

Purpose of expenditure (See instructions regarding type of information required.)

CAMPAIGN SIGNS

☒ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
2003 APR 24 AM 9:46

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G

2 FILER NAME

Thomas C. Lopez

3 ACCOUNT # (Ethics Commission filers)

4 Date

10 APR  
03

5 Payee name

PENNS R US

6 Payee address; City; State; Zip Code

EDMUND PARK N.J. 07407

8 Amount  
(\$)

478.51

7 Purpose of expenditure (See instructions regarding type of information required.)

CAMPAIGN PENS

☒ Reimbursement  
from political  
contributions  
intended

Date

7 APR  
03 -  
12 APR 03

Payee name

CASH

Payee address; City; State; Zip Code

Amount  
(\$)

600 —

Purpose of expenditure (See instructions regarding type of information required.)

BLOCK WALKERS & FUEL EXPENSES

☐ Reimbursement  
from political  
contributions  
intended

Date

13 APR -  
20 APR  
03

Payee name

CASH

Payee address; City; State; Zip Code

Amount  
(\$)

300 —

Purpose of expenditure (See instructions regarding type of information required.)

BLOCK WALKERS & DRIVERS EXPENSES

☐ Reimbursement  
from political  
contributions  
intended

Date

21 -  
22 APR  
03

Payee name

BLOCK WALKER CASH

Payee address; City; State; Zip Code

Amount  
(\$)

300 —

Purpose of expenditure (See instructions regarding type of information required.)

BLOCK WALKERS & DRIVERS EXPENSES

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address; City; State; Zip Code

Amount  
(\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement  
from political  
contributions  
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

RECEIVED  
CITY OF SAN ANTONIO  
2003 APR 24 AM 9:46

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H

2 FILER NAME

THOMAS C. WPER

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount  
(\$)

6 Business address; City; State; Zip Code

0

8 Purpose of payment (See instructions regarding type of information required.)

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

0

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

0

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

0

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
2003 APR 24 AM 9:46

**SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

*Thomas C Lopez*

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)
		Ø
		Ø
		Ø
		Ø
		Ø

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# CREDITS (optional)

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

## SCHEDULE K

2003 APR 24 AM 9:46

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K

2 FILER NAME

THOMAS C. WPER

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name 6 Payor address; City; State; Zip Code 7 Reason for credit	8 Amount (\$)
		Ø
		Ø
		Ø
		Ø
		Ø
		Ø

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED